| No. W 61444 | D | Due no later than Apr 30, 2015 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------|---|---------|-------------------------------------|---|-------------|--|--|
| Return to: | | Annual Report Form | | JAMES F MAGUIRE JR | | | | |
| SECRETARY OF STATE | 1. Mailing A | 1. Mailing Address: Correct in this box if needed. | | SLIP C-19 17173 E PIER RD | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | BLUEFISH HOLDINGS LLC JAMES F. MAGUIRE PO BOX 82 | | BAYVIEW ID 83803 | | | | |
| | BAYVIEW ID | BAYVIEW ID 83803 | | 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | | |
| 4. Limited Liability Companies: Enter | Names and Address | es of at least one Member or Manager. | | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | | |
| MANAGER JAMES F MAGUIRE JR PO BOX 82 | | PO BOX 82 | BAYVIEW | ID | | 83803 | | |
| 5. Organized Under the Laws of: | 6. Annual Repo | 6. Annual Report must be signed.* | | | | | | |
| ID | Signature: J. | Signature: J. Maguire | | Date: 06/16/2015 | | | | |
| W 61444 | Name (type o | Name (type or print): J. Maguire | | Title: Manager | | | | |
| Processed 06/16/2015 | * Electronically | * Electronically provided signatures are accepted as original signatures. | | | | | | |